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P.O. BOX 269  
1800 WARREN AVENUE  
NILES, OHIO 44446 0269

2004 JUN 17 A 9 27

June 16, 2004

VIA OVERNIGHT MAIL

Federal Election Commission  
989 E Street NW  
Washington, D.C. 20463

**Re: Amended Statement of Organization; RTI International Metals, Inc.  
PAC (ID# C00350280)**

Dear Madam/Sir:

Enclosed herewith for filing with your office, please find an original signed amended Statement of Organization for RTI International Metals, Inc. PAC (ID# C00350280). The purpose of the amendment is to declare a change in Assistant Treasurer.

Should you require additional information, please feel free to call me directly at 330-505-7126.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Busch", written over a horizontal line.

Timothy Busch  
Corporate Paralegal

Enclosure

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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

RTI International Metals, Inc. PAC

ADDRESS (number and street) 1000 Warren Ave.

(Check if address is changed) Niles OH 44446

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 330 544 7701

2. DATE 06 15 2004

3. FEC IDENTIFICATION NUMBER C 00350280

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lawrence W. Jacobs

Signature of Treasurer [Signature] Date 06 15 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation:  \_\_\_\_\_

Office Sought:  House  Senate  President

State: \_\_\_\_\_ District: \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

RTI International Metals, Inc. PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

Joann L. Kirin

Mailing Address

1000 Warren Ave.

Niles

OH 44446

Title or Position CITY STATE ZIP CODE

Assistant Treasurer

Telephone number 330 544 7620

B. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Airborne</i>	Shipping Date <i>6/16/04</i>
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